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SUICIDAL IMPULSE.

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THE subject of suicidal impulse presents itself, in its widest generalization, under two distinct aspects:—First, as an impulse emanating from a mind in a perfectly healthy state; and secondly, as a symptom of cerebro-mental disease. It is only in its latter aspect, as an impulse symptomatic of the existence of cerebro-mental disease, that the subject is at present placed under consideration.

The suspected or the ascertained existence of suicidal tendency in any individual, even although no other symptom of mental disease be appreciable, is well calculated to excite suspicion regarding the mental state; and if vague doubts, from other sources of evidence, had been previously entertained, the knowledge of the existence of a suicidal tendency is generally regarded as confirmatory of a state of mental alienation. The existence of such a tendency may be *suspected* by the general appearance; by certain peculiarities in conduct; by the state of the feelings, or by the nature of the delusions, hallucinations, or illusions, if such be present. Or it may be *known* by actual attempts at self-destruction; by the distinct intimation of such a determination; or by threats which, although sometimes merely meant to alarm, are frequently uttered in such a manner, and under such circumstances, as to leave no doubt concerning the ultimate object aimed at. When a person, in consequence of suspicions regarding his mental state, is subjected to close observation and rigid examination regarding the existence of such tendencies, he is generally pronounced to be suicidal if his acts have been such as might have resulted in self-destruction, or if his mental state be such as to lead to the probable conclusion that, in the future, he may originate acts of such a nature. It is not considered absolutely necessary to inquire whether or no the motives originating the actions were of a suicidal nature, the practical question being, Is the patient dangerous to himself? A person of unsound mind may leap from a window for the purpose of escaping from an imaginary danger; he may do so under the influence of hallu-

cinations, and in obedience to a supposed divine command, or he may be impelled to the act by an irresistible suicidal impulse. In these cases the act and its results are precisely the same, although the motives widely differ. In the first case, the motive is a powerful desire for self-preservation; in the second, a wish to obey implicitly a divine command; while in the third, it consists in a desire to destroy one's own life. A person of sound mind is not said to commit suicide who is drowned by leaping into the sea to escape certain death in a burning ship, neither is that term applied to one who exposes himself to the greatest danger, even although it be unwisely, if that course be pursued in accordance with his sense of duty. The term is applicable only to those whose motives and acts are both suicidal in their nature. In the case of the sane this line of demarcation is necessarily drawn, as the individual is recognized as a free, responsible, moral agent. But in regard to the insane the case is different; the mental faculties, by reason of disease or congenital imperfection, are out of harmony to a greater or less extent; the well-adjusted balance is destroyed; reason is partly or completely dethroned; free, moral agency is no longer necessarily recognized, and the actions of the individual being at all times liable to be determined by irresistible impulses, these impulses, if self-destructive in their tendency, may be regarded as suicidal without reference to the motive from which they spring.

As, in the treatment and management of the insane, one great object is to prevent results such as those indicated, the consideration of those forms of cerebro-mental disease, generally or occasionally associated with suicidal impulse, is a matter of no trivial importance; and, the object in view being strictly practical, I shall consider, first, those cases in which, although suicide be not contemplated, the act is self-destructive; and secondly, those cases in which suicidal intention is distinctly present.

1. *Cases in which the act is self-destructive, the motive not being so.*—It is of paramount importance to have, in all our dealings with the insane, our mind continually impressed with the conviction that an insane person may be dangerous to himself, in the very highest degree, although the idea of self-destruction may never have dwelt in his mind. When we suspect or know that a suicidal propensity exists, we are forewarned, and thereby enabled to use every precaution necessary to meet the exigencies of the case; but when no suspicion is entertained, when we are, on the contrary, under the impression that there is a morbid dread of danger and death, we are apt to overlook the fact, that an impulse diametrically opposed to the suicidal may originate an act equally disastrous in its results.

The first group of cases to which I shall direct attention is

principally characterized by great fear—a morbid apprehension of impending evil. The instinct of self-preservation, which is so deeply rooted in the human mind, is unduly excited and becomes the ruling impulse of the soul. This state may be induced by strong and peculiar delusions, by hallucinations or illusions, and in many cases, by a combination of all of these causes. Every medical practitioner is familiar, more or less, with cases of delirium tremens, and with post-febrile delirium, in which the leading cerebral symptoms are great excitement, general incoherence, and frequently spectral illusions.

In some of these cases there is in reality no danger from suicide, but in by far the greater proportion of cases there is great danger, as the depressing passions are brought into play—the instinct of self-preservation becoming a blind ruling impulse, it not being under the guidance of reason. Whenever an element of fear is detected, or when the patient displays a desire to escape, the greatest danger is to be apprehended, and every precaution should be used to prevent a fatal accident.

Although the patient may be too excited to converse and to explain the nature of his feelings, it will be an easy matter to ascertain from his aspect, manner, and ejaculations, a knowledge of his mental state sufficient for all practical purposes; and this, combined with detailed accounts, received from others who have passed through a similar ordeal, carrying with them a vivid recollection of the extraordinary ideal experience through which they passed, can leave no doubt on the mind regarding the necessity for incessant supervision, more especially while the acute stage lasts. I have been fortunate enough, on several occasions, to receive from intelligent patients after their recovery, detailed accounts of those vivid but rapidly transient impressions which filled the mind during a short attack of delirium, and which sufficiently explained their acts, although they at the time seemed to be utterly inexplicable. Great cerebral activity is one of the leading characteristics; common-place events are ignored; only the great landmarks of life are seen, the only events occurring being of the most momentous nature and calling for immediate and decisive action. Thought is more rapid than action, and the deeds although purely ideal, are stern realities to the day-dreamer, so that the events of a life are crowded within the compass of a few hours, or days, and not unfrequently the great panorama of the future is spread out unfolding at a glance the events of ages. Spectral forms appear; the assassin crawls from his hiding-place, and unsheathes his knife, or the apartment is filled with smoke and flames. The alternatives presented are, immediate death by remaining, and the possibility of life by escaping. A sudden dash through the window appears to be the most reasonable mode

of a speedy escape, and as there is no time for hesitation, the effort is at once made.

Such cases are of very frequent occurrence, and as, in many instances, patients are not sent to an asylum on the first accession of the symptoms, but only after the utmost alarm has been excited on account of the development of suicidal propensities, we most frequently find, on making inquiry concerning the mode in which suicide was attempted, that the attempt was made to get out by the window from a desire to escape. Sometimes this desire becomes changed into a distinct suicidal impulse, when escape from the supposed danger is seen to be impossible. This, however, will be considered hereafter, when we come to classify those cases in which suicidal intention is entertained.

Suspicion is a mental state closely allied to that of fear. In each there is an apprehension of impending evil, and a strong desire to avoid it. The element of dubiety to be found in the former is represented by certainty in the latter, so that the resulting act is characterized more by caution than precipitation. In both the ruling instinct of self-preservation is strong, and in both it may lead to self-destructive acts. The morbid suspicion of the insane is sometimes so great as to lead to the refusal of food for very lengthened periods, and their deep-rooted convictions regarding the deleterious nature of the ingredients mixed up with it lead to the determination rather to prolong life a little longer and to die ultimately from starvation, than to partake of the food which is to poison them at once.

This naturally leads us to the second group of cases, viz., those in which peculiar delusions, illusions, or hallucinations give rise to self-destructive acts.

In the group previously considered, although strongly marked by such peculiar phenomena, the distinctive feature was fear; but this depressing passion does not necessarily enter into the group now about to be considered.

Peculiar delusions may lead to the refusal of food to such an extent as to endanger life. Unlike the cases already mentioned, there is no apparent undue activity in the instinct of self-preservation, neither is there a reckless disregard of life. A gigantic delusion rules the mind, and every mental faculty is subservient to it; blind, implicit obedience is demanded by this omnipotent power; reason is ignored, and faith, blind-folded, leads the way, heedless of the course it pursues.

Those who have had such unfortunate experience, but who have recovered, speak with peculiar emphasis concerning the strength of their delusions, and, if their actions were such as to indicate the existence of suicidal tendencies, the idea is repudiated, their conduct being explained by the peculiarity of the delusion.

Delusions concerning the state of the alimentary canal frequently lead to the most obstinate refusal of all food. Some imagine that the throat is closed up, or that it ends in a *cul de sac;* some that they are unable to swallow, some that the stomach and œsophagus are already full of food, and others that they are affected with imperforate anus. Delusions of a more varied kind frequently lead to the same negative result; thus, one patient may refuse food under the idea that she is immortal; another from the impression that she is an inhabitant of another world where food is not required; another from illusions of smell, the idea being that it is putrid and nauseous; while another may do so simply from a vow taken. The refusal of food is not unfrequently a note of warning regarding imminent danger from other quarters. Nutrition can be thrown into the stomach by means of the feeding apparatus, however great the resistance made may be, so that the immediate cause of death need never be the want of food. Delusions leading to the refusal of food are dangerous delusions, as they may lead to acts of the most fatal nature. Under the impression that such obstructions are remediable by operation, fatal injuries may be self-inflicted, and death may be the speedy result. The refusal of food may be but the first *outré* act of the supposed immortal; and if the delusion be strong, a succession of acts may be expected, equally inconsistent with all recognized ideas of self-preservation, such ideas being entirely ignored by the insane person. There are few delusions more dangerous than those connected with the supernatural. If a person imagines that he is in a state different from that in which he really is, no matter whether the change implies the possession of superior powers, such as are ascribed to purely spiritual beings, or degradation to the position of an inferior animal, the delusion indicates great danger, for the actions may be shaped in accordance with the delusions, which are inconsistent with the real conditions of life. This is certainly not invariably the case, for the actions of some insane persons are strangely inconsistent with their delusions; but if there be a tendency to act in accordance with the delusions, such as by the refusal of food, in the cases mentioned, there is every reason to apprehend an indefinite extension of such acts. In illustration of this I may mention the case of an insane person who was supposed to be very suicidal, from having made an attempt first to get into deep water, and afterwards to go out by a window. Neither of these acts was prompted by distinct suicidal impulse. There was no intention whatever to destroy life. As the subject of vivid but transient delusions, she imagined that she was a fish, and she merely sought to enter her natural element; and, soon after, she endeavoured to pass out by the window, under the firm conviction that she would be taken up bodily to heaven.

Those who labour under the delusion that they receive commands from the Deity or from superior intelligences, are not unfrequently very dangerous to themselves. Such delusions may exist in combination with, or they may depend upon, hallucinations of hearing; and if so, the impressions are much more vivid, and more likely to produce implicit obedience. Patients of this class can never be depended on; for an impulse of any description may be looked upon as a command from heaven, or from the lower regions, equally requiring prompt action. Such delusions do not frequently accompany acute mania, although several well-marked cases have been observed. In both chronic and acute cases there is greater danger of homicide than suicide; but the idea that the actions are all dictated by a superior and supernatural intelligence, is sufficient to indicate the necessity for great watchfulness in the management of the case.

When the special senses are morbidly affected, vivid but erroneous impressions are conveyed to the mind; and such impressions being regarded as true, produce their natural effect upon the conduct. Voices, such as those to which we have referred, are heard, and the divine behests must be fulfilled. A spectral form points out the way, and leads to destruction. A scene of rapine and murder may appear with all the vividness of reality, and the unhappy patient, in an agony of grief and despair, may inflict on herself all but fatal wounds. The office of the special senses is, to a great extent, self-preservative. When any of them, even in the sane, are in a diseased state, the individual is rendered thereby more helpless, and his exposure to danger is greatly increased. Much more is this the case in regard to the insane. When the senses of smell and taste are depraved, not only are proper articles of diet liable to be rejected, but the most noxious and injurious substances may be swallowed with avidity. Closely allied to this are those cases in which the swallowing of injurious substances depends on depraved appetite. There is no class of cases requiring a more strict supervision than this, for the means of destruction are always at hand. The drinking of urine, the swallowing of ordure, rags, stones, chips of wood, and fragments of glass, may soon produce fatal results. Such tendencies are by no means of rare occurrence; and they are not invariably developed by a gradual and slow process of degeneration, but with a rapidity which would astonish even medical practitioners, who may not be practically acquainted with the management of such cases.

Many delusions which may give rise to suicidal acts do not admit of classification, and their number is quite indefinite. The conduct of individuals, sane or insane, is generally regulated, in view of their mental impressions, whether they be true or false.

The same idea possessed by two individuals, may originate in each an entirely different line of conduct. In the one case it may become a ruling idea, while in the other it may exert but a transient influence. The same thing holds good in regard to the insane. A delusion possessed by one patient may be perfectly harmless, while the same delusion possessed by another may be followed by the most dire results. It is necessary, therefore, to consider, not only the nature of the delusion and the power which it exerts upon the mind, but also the mental caliber of the individual entertaining it. Is the person likely to regulate his conduct in accordance with this false impression? Judging from his antecedents, is this delusive idea likely to leave him in a state of acquiescence, or to result in vigorous, decisive action?

If the latter question be answered in the affirmative, then there is danger, probably great danger. A patient once implored me, in terms of unmistakable earnestness, to make an incision in the abdomen to allow some rats to escape. The incision would most certainly have been self-inflicted, had a sharp instrument been at hand. Cases of this kind are of very frequent occurrence, and could be adduced *ad libitum*. To show the extreme danger of such, the following instance may be mentioned as typical of the class. The person referred to imagined that by some means the spirit of the Earth had been willed into his body, that it was kept there in a state of bondage and misery, and that, in consequence, the whole world was verging on ruin. This peculiar and vivid delusion, operating on a sensitive and active mind, produced its natural result. For several days he was in a state of the greatest restlessness, apparently pondering in his mind the extraordinary and trying position in which he was placed. Was he to allow the world to be ruined for ever? or was he to devise some means by which the captive spirit would be released? The only means by which this end could be attained, were such as would necessarily have resulted in self-destruction.

Suddenly the resolution was formed, and with loud cries that he was on fire—that his brain was on fire—he endeavoured to fracture his skull by rushing with all his force against a projecting object on a wall. Although foiled in this and in all succeeding attempts, the resolution suddenly formed remained in all its force, and the closest surveillance was necessary to prevent him from immolating himself, that he might allow the Earth's spirit to escape from bondage through his fractured skull. In many cases the impulse which appears suddenly gradually subsides, and finally disappears when the general excitement has passed away; but in this case the greatest determination remained, and the succeeding attempts were characterized by cool deliberation, great cunning, and amazing fortitude.

This leads us to consider the second class of cases, viz., those in which both the motive and act are suicidal.

2. *Cases in which both the motive and the act are suicidal.*—In the cases comprehended under this class, the instinct of self-preservation is either dormant to a greater or less extent, or completely overruled by the temporary supremacy of powerfully exciting passions. Death, from some cause or other, appears to the individual as the greatest apparent good, and is sought after accordingly. In some rare cases there is a blind suicidal impulse, destruction being rushed upon without any apparent reason, unless it be a desire for death *per se*. In by far the greater number of cases, strong depressing passions, either morbid in themselves or rendered so by delusions or hallucinations, operate on the mind to such a degree that relief is sought in death. Certain delusions and hallucinations, as we shall hereafter see, frequently give rise to distinctly suicidal impulses.

The first class of cases to which I shall direct attention, is comprehended under that form of insanity called, *monomania of fear*. This form of insanity is quite distinct from that to which reference was made previously, even although fear entered largely into it as an element. The mind of a person labouring under an attack of delirium tremens, post-febrile delirium, or acute mania, may be filled with fear, but in addition to this there is great mental excitation, and probably general incoherence. In such cases fear, although at times prominent, varies in intensity and may soon disappear, giving place to a passion of a different nature. No single object is kept before the mind for any length of time, the ideas being vivid but evanescent, the impressions intense but transient. In monomaniacs characterized by excitation of the depressing passions the case is different, the attention being fixed, and the impressions permanent. A morbid apprehension of impending evil constitutes a monomania of fear in its simplest form. It may be acute or chronic, and, like any other disease, it may be complicated with other mental affections to any degree. There may be delusions and hallucinations which add greatly to the intensity of the fear, or there may be such complete derangement of the mental faculties as to give rise to general incoherence.

Suicidal tendency cannot be predicated of every patient labouring under a monomania of fear. In milder cases it assumes the form of excessive timidity. The mind is pervaded by a strange indescribable sense of danger, which is not suspected to arise from any particular place or person, the danger being contemplated in the abstract, not in the concrete. In a healthy mind such a state is always connected with some external cause to which the feeling can be referred, but in the diseased mind

priority is given to the feeling, and an external cause is supposed to exist, and is looked for. In all cases of mental disease, where the mind in its sensitive aspect is affected the *modus operandi* is precisely the same as when the special senses are affected.

In all sensations of a normal kind there is an external exciting cause, the medium through which the impression is conveyed, and the mind upon which the effect is produced. When the auditory nerve is morbidly affected, in its origin or distribution, an impression may be conveyed to the mind as if some one at hand were using articulate language, and this impression is naturally referred to some person, seen or unseen. The reasoning is correct in form, being in accordance with experience; but it is wrong in matter. The same thing holds good in regard to fear, and other passions, to which we shall have occasion to refer hereafter. We cannot, in the present state of science, definitely ascribe a *locus* to the cerebral media of communication for such sensations, as we can do when the special senses are considered; but that similar media of communication do exist cannot for a moment be doubted. When, therefore, one or other of these media is morbidly affected, an impression is conveyed to the mind precisely similar to that which is conveyed when a real cause is present, calculated to produce such an effect; and the morbid state of the brain not being recognized by the individual, a cause is sought for, and the effect is ascribed to it. This morbid state may be accounted for by the gradual invasion of organic disease, or by the operation of powerful and long-continued stimuli, and in each of these cases there is a variation in the psychical symptoms exhibited. But it may be said that this does not necessarily constitute insanity, since the intelligence may be so enlightened as to lead the individual to ascribe such sensations to their true origin. This may be the case on reflection, and when the testimony of others is called in and relied on; but at the moment of occurrence there may be no diagnostic points by the consideration of which the true nature of the sensations may be determined. Insanity is undoubtedly constituted when the individual acts upon such impressions, as if they were produced by a genuine, external, exciting cause, and not by the diseased media through which they are conveyed. The *origo mali* is in the sensory media, the intellectual faculties being but secondarily affected. The intellect and the sensitivity act and react upon each other. When the one is affected primarily, the other becomes so secondarily. They are not separate entities, but two sides of a whole.

In those mild cases of monomania of fear to which we have referred, the most prominent symptoms are excessive and unnatural timidity, hesitation of manner, restlessness, a loss of self-confidence,

and an instinctive clinging to others for protection. There may not be much danger of suicide at this early stage: but when those vague fears which pervade the mind assume a definite form; when danger, instead of being contemplated in the abstract, is viewed in the concrete; when torture and death are momentarily expected at the hand of man, or an eternity of indescribable suffering as the award of Divine Justice; then, hope being thoroughly extinguished, fear passes into reckless despair, and the strong instinctive love of life being crushed, violent suicidal impulses sway the mind. It is amongst the insane only that the passions of the human soul can be seen in all their wild and rugged grandeur, for in them they do not appear as fitful evanescent bursts, modified and curbed by reason, but as constant ruling powers.

Such cases are of the most distressing nature, for, although the fears are obviously imaginary to the spectator, they are stern realities to the unhappy individual who harbours them. In one particularly well-marked case of this kind every incident, however trivial, was conjured into a source of indescribable terror. The prevailing idea in this patient's mind was, that immediate death by burning was to be her fate. Her mind was incessantly occupied with the contemplation of her doom, and everything that she saw taking place was supposed to have some reference to it. The appearance of tradesmen passing suggested the idea of a body of workmen on their way to prepare a pit for her reception; a cart of coals was fuel brought for the special purpose of consuming her; a cloud of smoke, seen in the distance, was an indication that the preparations were well-nigh completion; the condensation of moisture on the panes of glass was caused by the heat proceeding from the furnace; and the approach of strangers was regarded as the mustering of a force of men to conduct her to the place of torture and death. "Am I safe? Am I safe?" was her constant and incessant cry, even when she was *in articulo mortis*.

In some cases fear is not constant and unvarying, but appears in the paroxysmal form. In such cases, however, there is an under-current or substratum of morbid apprehension, a magazine of pent up feeling, ready to explode at some future and perchance unexpected moment. The smile is merely mechanical, expressing no corresponding feeling in the soul; and the restless, hurried manner indicates a mind ill at ease, struggling to suppress some swelling emotion. There may be the most perfect coherence, no appearance of delusions, no unnatural excitement, but merely some nervous agitation arising from an unaccountable apprehension of danger, and even this by a strong mental effort may be suppressed for some time. This preternatural calmness should never disarm suspicion, but should rather be regarded as the signal of the coming storm.

A person affected somewhat in the manner described, suddenly stopped short during conversation and looked steadily and earnestly towards the city, as if the attention had been unexpectedly arrested and fixed on some wonderful object. The evening was peculiarly calm and beautiful, the atmosphere being clear and unusually cloudless. The only object visible in the direction looked at, was a small cloud very brilliantly tinged by the setting sun; and the only sounds heard in the direction of the city, proceeded from some building yards on the Clyde. There was nothing calculated to arrest the attention of an ordinary observer; but if ever strongly excited emotions were faithfully delineated in the expression, they were, on that occasion, in the case of this individual. Attention, alarm, fear, terror, despair, and frenzy, were in rapid succession depicted on the countenance. The object that arrested the attention primarily was the red cloud, and then the wild train of ideas followed—the city in flames, the loud clang of arms, battles in the streets, and the indiscriminate slaughter of the four hundred thousand inhabitants. The feelings were too strong to be suppressed, but too intense to be expressed except in queries and ejaculations. To the eyes, probably dazzled by the bright cloud, everything appeared as if tinged with blood, the peculiar odour of which seemed also to pervade the atmosphere. Escape was deemed impossible, and, the carnage having been completed in the city, the destroyers were supposed to be at hand.

It would be impossible to delineate, with any degree of accuracy, the intensity of the feelings when such a scene of horror is suddenly, like a vast panorama, exposed to the view. In time of war the mind is gradually prepared for scenes of rapine and bloodshed, and the thoughts are familiarized with the contemplation of danger. Each spectator or actor, from his own peculiar point of view, looks upon the fortunes or reverses of war, with all its accompanying horrors, as the inevitable awards of those who struggle in a good cause, and, armed with this conviction, such scenes are deprived of half their terrors. But in this case there was no self-confidence, no fortitude, no reasoning power to control the feelings; nothing was looked forward to but a speedy and cruel death.

This form of cerebro-mental disease assumes in others a much less acute aspect. In the cases mentioned the impressions were peculiarly vivid, owing to the accession of hallucinations and illusions, but in those to be noticed there is less emotional excitation and greater reasoning power. Death is anticipated as impending, but it is death under peculiar circumstances, and the mind is incessantly occupied in surrounding it with every variety of revolting circumstances. In some cases, tortures of the most

dreadful nature are anticipated, and in others, death is expected by a public execution. Many imagine that they are to be hanged, some that they are to be beheaded, and others that they are to be torn to pieces in some dreadful manner. In addition to this, some, looking even beyond death, imagine that they are to be dissected. This idea is by no means uncommon. Patients may express extreme unhappiness, and when the cause is ascertained an impression of this kind may be discovered as the source of their distress.

In the class of cases which we have noticed, there is this feature common to all, viz.,—morbid apprehension of impending evil in this life. It is impossible to notice all the different aspects which the disease may assume in such cases, and the varieties of delusion with which it may be associated. Many of these varied forms are of extreme interest, but their consideration is beyond the scope of the present paper; for we have only to do with the suicidal impulses, and these being predicable of the class, may be predicated of each case comprehended under it.

The suicidal impulse seems to originate in such cases in the following manner:—A violent death, under circumstances more or less painful, is looked forward to as a certainty. Can death be encountered under less painful circumstances? Can the rope, the axe, the knife, the fire, and all unnecessary tortures be got quit of? Must the passage from this world be made before a crowd? These adventitious circumstances are worse than death, and it is in the desire to escape from them that the suicidal impulse originates.

Death is not sought for *per se*—it has overtaken him; there is no great recklessness regarding the sanctity of human life—its sands have now run out; the instinct of self-preservation is not crushed—it has merely reached its utmost limit. Death is there, and it is accepted; the suicidal impulse originates, that it may be stripped of its horrors.

Suicidal impulse originating in such a manner is exceedingly common, and is always to be apprehended when the mind of the patient is occupied with such gloomy forebodings of impending evil. The impulse does not necessarily appear, but all the circumstances favourable to its development are present, and the possible result should be anticipated by exercising the closest observation over all the movements of the patient, and by placing beyond his reach every means by which suicide could be committed should the impulse suddenly arise.

There is another class of cases comprehended under the same form of insanity, monomania of fear, somewhat different in regard to symptoms, and also in respect to the origin of the suicidal impulse. I refer to those cases in which the fear is, principally,

in relation to a future state of being. The two classes frequently coalesce or merge into each other, but there is generally a well-marked line of distinction, the fear regarding present impending evil being either greater or less in intensity than the fear regarding the future. The former class of cases partakes more of the nature of hallucinations, and the latter more of that of illusions. The former is also much more frequently associated with hallucinations of the special senses. The sensations are more vivid, the excitation is greater, there is greater hurry and confusion of thought, the feeling partakes more of the nature of alarm or sudden terror, and the suicidal impulse, although strong, is spasmodic. The connecting link between the two classes of cases consists in the apprehension that the impending evil, the destruction of the body, is merely the first step towards the infliction of endless misery on the soul.

The deep, firmly-rooted impression in the insane mind that there is a life beyond the present, and that that life is to be associated for ever with every possible form of misery, gives rise to mental symptoms of the most distressing kind. This is not melancholy; not simply morbid gloom, consisting in the extinction of every ray of hope. There are positive elements added. Every form of suffering, mental and physical, is conjured up and associated with the future state of being. The door of mercy appears to be for ever closed against them, and they tremble at the contemplation of that future which absorbs their thoughts day and night. There is no suppression and no unnecessary obtrusion of feeling in those thus affected. Their misery must find utterance, whatever may be the circumstances in which they are placed. Quietude is impossible, and sleep is only the consequence of utter prostration. The attempt to soothe merely gives edge to the already too acute feeling, and calls forth stronger expression of horror and dread. To reason with them is equally futile, for to reason implies doubt, or a mind open to conviction; but in such cases there is no doubt, the evidence being regarded as demonstrative, and equal in strength to that which is derived from the special senses. It is not to be wondered at that suicidal impulses should proceed from such mental states. From statements made by those who have recovered, we are convinced that life, in combination with such mental horrors, cannot be long sustained. The body must be speedily worn out under the state of constant watchfulness, or the mental powers completely shattered, the patient passing into a state of hopeless dementia. We may here observe that the suicidal impulse is apt to appear, even in a dement of the lowest grade, if, at some previous stage of the disease, the mind was under the influence of the strong, exciting passions described.

In the former class of cases the impulse was supposed to arise from a desire to divest death of some of its horrors, and to meet it in a less repulsive form. This cannot be the origin of the impulse in the class now under consideration. The future stands out as a stern reality, concerning which no hope of escape can be entertained. They are led towards it by an unseen, irresistible power. Human suffering is finite. It can only be measured out according to the capability of endurance. Anticipation of misery may be more intolerable than the anticipated misery itself. Even amongst the sane, the agony of doubt and suspense is generally greater than that of the anticipated evil itself. The torture of anticipation is the source of the suicidal impulse, and the reality of the future is sought for in preference to the misery of the present.

Those thus affected are not for a moment to be trusted. The instinct of self-preservation is completely in abeyance. Those acts necessary for the preservation of health, and the prolongation of life, are totally neglected. Food is either entirely refused, or but sparingly partaken of, and the patient is apt to sink through inanition. In addition to this, suicidal acts of the most determined nature are attempted, although the patient may be under the closest observation. Self-strangulation is frequently attempted in the closet, or when the neck and hands are covered by the bedclothes, or, failing this, a desperate attempt may be made to fracture the skull against the wall or floor.

The next class of cases to which I shall direct attention, as being frequently associated with suicidal impulse, is strongly marked by the emotion of *remorse* as a prominent symptom.

The emotion of fear has special reference to the present and the future, but remorse is connected with the past alone. When in a state of morbid excitation, the emotion may be originated, not by any event in the past, but by the diseased brain. The probability that this may be the case is established from the analogy of the special senses, and the fact that it is so, from observation and experience.

In the whole range of psychological medicine there are no phenomena more striking, and apparently more inexplicable, than those which we are about to consider. A person whose life has been to all appearance strictly correct, and in reference to whose character not the slightest suspicion has ever been entertained, ascribes to himself the most revolting crimes, deeds of such a nature as must have been made public had they ever been perpetrated by any one. The only evidence in support of such self-made accusations, consists in the positive statement of the individual making them, and this can be easily neutralized by showing that the alleged deeds never took place, or that, if they

actually did occur, they could not have been perpetrated by the person representing himself as the guilty party. There are many reasons for supposing that, in certain cases, such insane ideas are purely intellectual in their origin, and that they are not suggested to the mind through the medium of the sensitivity. The disordered intellect is occupied in contemplating some great crime, and the individual either merges his identity in that of the criminal, or appropriates, as his own, the crime which has been committed. This idea may become permanently fixed in the mind as a monomania without producing much effect on the feelings, for the deed in itself may be appropriated, and the criminality ignored, there being no regret, no remorse, no revulsion of the moral feelings. But when such ideas reach the intelligence, as the offspring of the morbid emotions, it is not so much the deed in itself that is appropriated, as the criminality, regret and remorse being the prominent symptoms of the malady. Two individuals labouring under the same delusion may thus present a perfect contrast to each other; supposed identity with the deed being the prominent feature in the one case, and supposed identity with the criminality being the most marked characteristic in the other. Unless the emotions be deeply affected, there is but little reason to suspect the existence of suicidal impulse; so that, in the former case, its appearance may be regarded merely as a contingency, but in the latter, it may be looked for almost as a certainty.

Deeds of the most odious and revolting nature—deeds such as none but people of the most hardened, depraved, and brutalized minds could have been guilty of—are sometimes made a subject of self-accusation by those who, from their known probity and purity of character, could never even have thought of them, and yet the genuineness of their belief is evinced in the intensity of their feelings. But whence comes this belief? Must it not be based upon facts, even although these facts may be distorted? Could not memory, that registrar of the mental states and acts, correct the erroneous impression? The belief can be shown to have a basis too firm to be shaken by the negative responses of memory. It is not in accordance with human experience to regard memory as an infallible guide, but it is in accordance with human experience to ascribe to every sensation an appropriate cause. We frequently say that we may have done a thing, but that we have no recollection of it. Our confidence in memory is limited, but it ever holds true that an emotion presupposes the existence of an exciting cause. This is a primary belief, and confidence in it cannot be shaken. It is one of the necessary laws of thought. We can recognize, in others, a morbid state in connection with which emotions may arise,

not caused by anything external, but depending upon organic or functional disease; but when it comes to be a matter of personal experience, the emotion being really present, and there being no certain evidence regarding the presence of morbid influences, this emotion is interpreted in accordance with the primary belief, and an appropriate exciting cause is ascribed. If this law were not of universal and unvarying acceptation, then doubt would be thrown upon *every* sensation as regards causation, and a condition, worse than the worst form of insanity with which we are acquainted, would be the fate of the human race. Sensation is the connecting link between the different members of the human family; it is the only medium of communication; so that if confidence be shaken regarding its causation, every individual would be isolated from the race, and almost the only belief left would be that of self-existence. Continued existence in such a state would be incompatible with all the recognized laws of life. But, it may be asked, could not the person whose mind is harassed by such distressing thoughts say—"I have no recollection of having done such things, and I know that I have always been incapable of such wickedness?" This question implies the acceptation of the law laid down in its universal applicability. Memory cannot decide the question, and the moral faculties are appealed to, so that it becomes a question of guilt or innocence. Guilt and innocence are abstract ideas, which do not come immediately within the scope of human consciousness. The mind cannot, strictly speaking, be conscious of guilt, but merely of sensations implying guilt, and so with regard to innocence. Now, remorse is an emotion implying guilt, so that, if an emotion of this nature be experienced, guilt is inferred. The legitimacy of the inference is never called in question. It is of universal acceptation, and therefore not regarded in ordinary phraseology, so that the statement that a person may be *conscious* of guilt, or of innocence, is popularly acknowledged as correct.

The consideration of this question must not be regarded altogether as a digression, for it has a very important connection with the subject immediately under consideration. If the explanatory remarks given be accepted as correct, then we can ascertain the origin and development of suicidal impulse in this class of cases, and reason regarding their latent existence even before they assume a definite form. We do not regard the unhappy patient as an obstinate individual who clings to an erroneous impression in defiance of all evidence and reason, but as one who reasons in the same manner and from similar premises as we do ourselves. The full extent of the mental agony endured by those thus affected, can only be known by experience, and can be better imagined than described. The nature and number

of the self-accusations indicate the intensity of the emotion, for they stand to each other in the relation of cause and effect, so that, by considering what we may call the delusive ideas, an approximation to correct views of the mental state may be arrived at. Suppose the case of a person whose morals are pure, and whose mind is deeply imbued with correct religious impressions, suddenly becoming guilty of the most revolting and degrading crimes, and then speedily awakening to a full and lucid conception of the enormity of his guilt; and you can form some idea of the mental misery of those insane persons, the prominent symptoms of whose malady is intensely morbid remorse.

The self-accusations made in such cases are not always imaginary, although in many instances they are obviously so. When the emotion is in a state of morbid excitation, the memory is ransacked, and the most trivial circumstances, such as would excite little or no attention in the sane mind, are distorted and magnified into affairs of the utmost importance, and thus become the exponents of the mental state. But there are other cases in which there are real causes for regret and remorse, in which these passions have so far exceeded all reasonable limits as to render the persons insane. They may not have been guilty of deliberate crimes; they may have had no love for vice; they may even have been led into it by a generous but mistaken impulse. But the crime has been committed, and it is viewed in its worst form, and every circumstance is associated in idea with it, so as to make it appear in its blackest aspect. Shame, grief, remorse, and despair, take possession of the mind, and the longer the thoughts are harboured, the deeper and the more indelible the impressions become. The mark of Cain is felt to be upon them; the favourable opinion of all those they held dear is supposed to be forfeited; they deem themselves to be for ever ostracised; and they seek to cover their shame in the grave, and by a violent death to show the intensity of their remorse.

The morbid state of this emotion is a fertile source of suicidal impulse of the most determined nature, for to those labouring under it life has lost all its charms. The dark shadow of guilt and disgrace, imaginary though it be, has obliterated every pleasing reminiscence of the past, and nothing but a wretched life, burdened with an ever-increasing load of remorse, is anticipated in the future. Self-respect is for ever gone; and when that has disappeared, what is left? The hardened criminal can brazen it out, for the moral feelings have been gradually seared by familiarity with crime; but, to the unfortunate lunatic, the only mode of relief seems to be in death.

There is a very distinct class of cases, in which remorse is, at one stage, a prominent symptom, and which is so well-marked as

to merit special notice. I refer to those cases in which masturbation is the cause of insanity. The earliest symptom of mental alienation in those who have practised this vice, is very frequently the appearance of a violent suicidal impulse. There may be nothing in the immediate effects of this practice on the nervous system to account for the development of such impulses, but that they do appear is prominently brought before our attention. I have no doubt whatever that the reading of quack advertisements and publications, in which the effects of such practices are so portrayed and exaggerated as to excite the fears, and thus to extract money from the pocket, is in very many cases the proximate cause of insanity, and the true origin of those suicidal impulses which so frequently terminate fatally. Excessive masturbation frequently results in a paroxysm of maniacal excitement, more especially if there be hereditary predisposition to insanity; and this seems to be the natural form which the disease assumes when it is not complicated with a moral cause. But it may be complicated with a moral cause—such a cause, for instance, as the perusal of those wretched publications to which we have referred, the main object of which seems to be, not the alleviation or cure of disease, but robbery by a species of moral garrotting, effected by driving the unfortunate victim to utter despair. Many cases could be quoted in which this, or similar causes, undoubtedly led to the development of strong suicidal impulses, which in not a few instances nearly terminated fatally before insanity was fully recognized. As we have already noticed, a desperate attempt at suicide is often the first symptom of insanity. There may have been previous depression, but not to such a degree as to cause alarm or to excite grave suspicion regarding the mental state, so that the attempt at self-destruction may be regarded either as the last act of the sane man, or as the first indication of mental alienation. The importance of such cases entitles them to a much fuller consideration than can at present be bestowed on them.

Melancholia is a form of insanity very frequently associated with suicidal impulse. In its simplest form there are no delusions, but merely morbid depression. Every thing is viewed in its gloomiest aspect, the bright side of the picture never being looked at. The past, both as it relates to the individual himself and to others, is brooded over, and nothing is seen in it from which happiness can be extracted. There is nothing in the present to give comfort, and the future is looked forward to with the most gloomy forebodings. There is not necessarily any great excitation of the depressing emotions—regret, despair, and fear, not being *acutely* experienced; but full scope is given to the

exercise of such emotions from the absence of the counteracting influences of those of an elevating nature, such as hope and joy. We therefore regard melancholia, in its *simplest* form, as being characterized by a state of morbid inactivity of the elevating emotions, rather than by a state of morbid excitation of those of a depressing nature; the prominent feature being, not so much the endurance of misery, as the absence of happiness. Sometimes, from a looseness in classification, some of those forms of insanity which we have considered are inaccurately described as melancholia, but although they may have certain features in common, they are essentially distinct. In many cases the reasoning powers are unimpaired, and no delusions are entertained, the intellect being in its normal state. When the intelligence is not disordered by the morbid state of the feelings, the instinct of self-preservation exerts its natural control over the actions, so that the development of a suicidal impulse does not take place. The depression may be very great, but the degree of the depression is not the true indication of the existence of a suicidal tendency. Melancholics are in many instances exceedingly attentive to themselves, not only in regard to the necessaries, but also in respect to the comforts of life. It is amongst this class that we find examples of selfish tendencies of the most obtrusive kind. Nothing can please; nothing can satisfy; faults are looked for on all sides; all their selfish wants must be anticipated, and the slightest inattention forms a subject for a most serious complaint. The probability as to the development of suicidal tendency during the progress of disease, depends much upon the original disposition of the individual. Those who are naturally of a coarse and selfish disposition, although affected with melancholia, are seldom suicidal, however great the depression may be; but in the more delicately constituted mind, acutely responsive to all those influences of a depressing or elevating tendency, the morbid state of gloom is apt to result in a weariness of life, existence being regarded as intolerable when its joys are for ever gone. The innocent amusements of life, and the prosperity and happiness of others, tend merely to deepen the gloom and render the burden more unbearable. The expression of such gloomy ideas by the insane, although suicide be not spoken of, indicates the latent existence of the impulse.

Suicidal impulse frequently results from peculiar delusions, hallucinations, and illusions. Attention was formerly called to this, but then those acts only which were merely self-destructive in effect, and not in intention, were under consideration.

Hallucinations of the special senses give rise to suicidal impulse much more frequently than those delusions which may be regarded as purely intellectual, and the impulses are generally of

the most determined character. It is not, however, when the special senses alone are affected—that is, when there are hallucinations and nothing more—that the greatest danger is to be apprehended. It is when hallucinations of the special senses, and more especially of *hearing*, exist in combination with those forms of insanity to which attention has been directed, that danger exists too great to be overestimated even by those most familiar with its symptoms. A suicidal impulse may originate from a monomania of fear, and also from a hallucination of hearing, and the impulse in each of these cases may be but feeble; but if the monomania and the hallucination exist in combination in the same mind, the additional force of the impulse is not to be estimated by a simple process of addition, a mere doubling of the two forces, for the power may be increased a thousand-fold. Given; a state of morbid activity of the depressing emotions, or a state of morbid inactivity of the elevating emotions, in combination with hallucinations of hearing, and all the material is present for the development of suicidal impulse. Fears, altogether unaccountable, fill the mind; every object conceals some hidden terror, and every footfall is suggestive of danger; self-confidence is gone, and trust in others is merely instinctive. A cruel or an ignominious death is expected; the scaffold is erected; the insignia of death are exhibited, and the crowd of spectators is already collected. Tortures are anticipated in the future, and an eternity without hope is looked to. A voice is heard in the most distinct tones, saying "Kill yourself—there is your opportunity—do it now." It may be heard as if from some one standing by; it may be in the form of a distinct whisper in the ear; or it may be, as many have described it, as if the voice were heard within the head. The suggestion may be ascribed to some human agency; it may be regarded as a temptation from evil spirits, or as a command direct from the Deity. In the latter case prompt obedience may be the result; and in the former cases, although immediate action may not take place, the idea is brought before the mind, and the voices being frequently and emphatically repeated, a suicidal attempt may be looked forward to as a certainty. The voices heard frequently specify the mode in which the deed is to be effected, and this gives additional intensity to the impression. It can easily be seen that the influence of such hallucinations must be, in some cases, of an irresistible nature, in so far as the production of the impulse is concerned. Take the case, for instance, of a person in a state of despair, from the conviction that he has been guilty of some most revolting crimes. The past is associated with a hideous train of ideas, and life, in the future, is regarded merely as an accumulation of misery. Overwhelmed with remorse, shame, and despair, existence has not a single charm, and the last cord

that binds to life is severed by the supposed voice of the Deity commanding suicide. But if, in addition to the presence of hallucinations, a delusion of such a nature as to produce a depressing effect on the mind be entertained, the danger from suicide will be greatly increased. I do not refer to those delusions, if they may be so called, which obviously depend upon the morbid state of the emotions, but to such as may exist independently of such states. Such delusions, however, may precede and have some connection with the origin of the morbid states. The belief that the person himself is not a human being but an inferior animal, an evil spirit, or the devil, in combination with the existence of such hallucinations, gives rise to such impulses. Even apart from the command, suicide is regarded as a duty, and the determination to accomplish it is rather strengthened than weakened by the obstacles which are presented. One insane person, when interrogated and reasoned with regarding great depression and suicidal attempts, may say, "I am the devil, and I ought to be in hell:" another, "I am an evil spirit; I have intruded into heaven, and I cannot get back unless I kill myself:" another, "'Without shedding of blood there is no remission of sin;' I must shed my blood to save my children:" and another, "I am such an object as was never before seen; my flesh is rotten and dropping from my bones; take me out and shoot me." Such illustrations could be multiplied indefinitely, but those which have been quoted may suffice to indicate the class of delusions to which reference is made.

When the morbid state of the emotions is clearly ascertained, and when the hallucinations and delusions are known, then we are forewarned, and all the necessary precautions can be taken; but when these different symptoms appear simultaneously in the early stage of the malady, before the existence of insanity is manifestly established, then the dangers are greatly increased. The patient may be perfectly coherent, capable of sustaining ordinary or even intellectual conversation, and may be cheerful in manner. All the duties of life may be performed in the usual way, and any change in demeanour may be detected by those only who were previously on terms of great intimacy. The individual himself may be aware that there is something wrong, which he cannot account for—a feeling of unhappiness without a cause; restlessness and desire for change without an object; strange thoughts springing up in the mind, and impulses arising which admit of no control. At the first stage there may be sufficient power to disguise the mental state, and to assume a cheerful aspect, and thus to appear to be in the full possession of reason. If vivid hallucinations appear at this early stage, when the patient stands on the boundary line between sanity and insanity, then

suicide may be the result even before danger has been anticipated. The voice constantly suggesting suicide may be supposed to come from a friend, or its tone may be recognized as that of one formerly known, but now in the world of spirits. The order is given with a tone of authority, as if immediate obedience were expected, and that without the slightest hesitation. It is not courage that fails when the command is not complied with, for reason throws a doubt on the necessity for the great sacrifice. There is a struggle between impulse and reason, and when the former gains the ascendancy the latter becomes its slave, and death is sought for, as if it were the greatest good. In such cases the suicidal impulse is the most prominent symptom of mental disease. Impressions of a similar nature may be conveyed to the mind through the other senses, more especially through the medium of vision. Objects suggesting the idea of death may be seen, the impressions being but hallucinations; or the sight of objects by which death could be inflicted may in like manner give rise to a suicidal impulse.

In some cases the fear of committing suicide leads the patient to take refuge voluntarily in an asylum. The impulse is felt, and its increasing force is recognized, before it has terminated in action. The existence of an impulse of a different nature sometimes gives rise to suicidal ideas. An insane person confessed that he had a strong conviction that he would murder some person. The homicidal impulse was present, and he was certain that in course of time it would result in action. He felt that he had but a limited control over the impulse, and he was sure that iu future he would have none. His mind revolted at the thought of homicide, and he concluded that it would be better to destroy himself.

Attempts at suicide are sometimes made by the insane from motives that cannot be ascertained. Their habits and peculiarities may have been known for years, and nothing indicating a suicidal tendency may have been observed, and yet the most deliberate attempt at self-destruction may be made. This may either depend on a reckless disregard for life, or the prompting of some sudden impulse resulting in immediate action. In such cases, however, the attempt is not generally repeated.

The last class of cases to which I shall refer, is that in which suicidal impulse appears during convalescence. After an attack of acute mania, there is very frequently a period of depression immediately preceding the complete restoration of mental health. It is difficult to state satisfactorily the cause of this depression. It may depend upon the patient thinking too intensely upon the past, or, it may be viewed as a reaction in consequence of the previous excitement. Whatever the cause may be, the fact holds

good that depression does occur, and that out of it the most powerful suicidal impulse may arise. The previous form of insanity may have been acute mania, characterized by the usual symptoms, but without the appearance of a single indication of anything like depression. The convalescence may have been in every respect satisfactory, and arrangements for dismissal may even have been made. But suddenly, and without the display of a single premonitory symptom beyond a slight shade of depression, the most violent suicidal impulse may arise, and continue in full force for a considerable length of time. The patient may not be able to account in any way for the origin of such impulses, or to ascribe any reason, good or bad, for the suicidal attempts. In one case of this kind there seemed to be a desire for death *per se*. "I must kill myself this night by hanging, burning, or by some other means. I must not be alive in the morning." Such was an expression used by one of this class, in whom the impulse had suddenly and most unexpectedly appeared, and the determination expressed was evinced by the most strenuous efforts at self-destruction.

A few peculiarities regarding suicidal impulse may be mentioned. In some cases it appears as a blind impulse; not being under the control of reason as regards its direction. In such cases the suicidal act is attempted by the exercise of great physical force. There is a struggle to rush upon destruction, a determination to do so immediately, whatever the interposing obstacles may be. Nothing is left untried, so that a person in this state may even attempt to provoke an attendant to a struggle, in the hope that some injury may be received which may result in death. In other cases there is the same determination, but the actions are not regulated by a blind impulse. There is a great display of cool deliberation and cunning. An attempt is made to throw attendants off their guard, and by a pleasing, cheerful manner to disarm suspicion. The plan is laid, and every preparation is made. A moment may be all that is necessary, and when that moment arrives the deed is done, or, at all events, attempted. Sometimes the impulse does not appear to be directed towards death *per se*, but towards death in a particular manner. The desire may be, in one case, to commit suicide by hanging; in another by burning; in another by cutting the throat; and in another by drowning. A person inclined or even determined to effect suicide by one mode, may not be at all disposed to do so by another. A patient who is very suicidal, and who may have made many desperate attempts at self-destruction, may defend himself to the last from the attacks of another patient. In such cases it is not death alone, but death effected in a particular manner, that is sought.

The management of cases in which suicidal impulses exist, is a matter of grave responsibility and great difficulty. Every thing by which a speedy or certain death could be inflicted, must, of course, be placed beyond the reach of the patient, and the security against contingencies which may arise must consist in the presence, both by day and night, of one or more experienced and trustworthy individuals. It is in this only that safety consists. As compared with supervision of this kind, mechanical restraint is nothing. The nature and direction of the impulse guide to the kind of attendance necessary. In some cases physical power may be the quality in requisition, but in others, mental abilities and extensive experience may be essential; for, in the one case, the manifestation of the impulse is in physical force, and in the other, in mental energy and ingenuity. The management of such cases in an asylum is very different from their management elsewhere. In a well-regulated asylum mechanical restraint is never absolutely necessary, although in a private house it may be so; but even where mechanical restraint is employed, the only safety consists in the most careful and unceasing personal supervision both by day and night.

The observations made regarding suicidal impulse are not, by any means, exhaustive of the subject. The object in view was to call attention to certain symptoms of mental disease which seemed to admit of classification, and which might be regarded as symptoms of the existence of suicidal impulse. No reference whatever has been made to the literature of the subject, and no cases of an extraordinary and exceptional nature have been taken notice of. The observations have been based entirely on cases seen and studied while under treatment—cases which presented no peculiarities different from what may be predicated, in general, regarding the insane.

For notes regarding many of these cases, I am indebted to my friend and colleague, Dr. Gilland, who has rendered me much assistance both in the compilation and classification of the material.

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